



MARYLAND STATE POLICE
Toll Free: 1-800-525-5555
Firearms Registration Section
1111 Reisterstown Road
Pikesville, MD 21208
(410) 653-4500



Initial Machine Gun Registration Form

Maryland Law / Instructions

§4-403 of the Maryland Criminal Law Article, requires, that except in the calendar year it was purchased, every machine gun in this State shall be registered with the Secretary of the State Police annually during the month of May. Also, every machine gun shall be registered within 24 hours after its acquisition. Failure to comply with this law is a felony punishable by imprisonment in the State penitentiary for a term of not more than ten years. **Maryland law further requires that each Machine Gun Registration Form, filed with the Secretary, shall be accompanied by a nonrefundable registration fee of \$10.** Please type or legibly print all required information contained on this form. Use the rear side of this form to register any additional machine guns. If additional space is needed, copy the rear side of this form. Submit this form and any copies of the rear side of this form to the Firearms Registration Section at the above listed address.

Owner Information

Driver Id#: _____ Social Security #: _____
Name Last: _____ First: _____ Middle: _____ Suffix: _____
Street Address: _____
Town/City: _____ County: _____ State: _____ Zip: _____
DOB: _____ Place of Birth : City _____ Country _____ Height: _____ Weight: _____
Month Day Year
Race: _____ Sex: _____ Eyes: _____ Hair: _____ Occupation: _____
Phone: Home (_____) _____ - _____ Work (_____) _____ - _____

Machine Gun Information

Make: _____ Caliber: _____ Type: _____ Finish: _____ Barrel Length: _____
Model: _____ Serial #: _____ Country of Origin: _____
Date Gun Acquired: _____ Purpose Gun Acquired: _____
Month Day Year
Address or Location Where Weapon Is Presently Stored: _____
Previous Owner's Personal Information:
Name Last: _____ First: _____ Middle: _____ Suffix: _____
Street Address: _____
Town/City: _____ County: _____ State: _____ Zip: _____
Driver Id#: _____ DOB: _____ Race: _____ Sex: _____
Month Day Year

Below For Maryland State Police Use Only

Date form forwarded: _____ Date form received: _____
Current disposition date: _____ Current Disposition: _____
Signature of approving official: _____ Comments: _____

I CERTIFY UNDER THE PENALTY OF PERJURY that I am not an unnaturalized foreign-born person, or a person who has been convicted of a crime of violence in any court of record, state or federal, of the United States of America, its territories or insular possessions. "Crime of violence" applies to and includes any of the following crimes or an attempt to commit any of the same, namely, murder of any degree, manslaughter, kidnapping, rape in any degree, assault in the first degree, robbery under § 3-402 or § 3-403 of the Maryland Criminal Law Article, burglary in any degree, escape in the first degree, and theft. I further certify that I have complied with all Federal laws and that the receipt and possession of the firearm/s described on this form/s will not place me in violation of the provisions of Chapter 44, Title 18, United States Code; Chapter 53, Title 26, United States Code; or Title VII of the Omnibus Crime Control and Safe Streets Act, as amended.

Date: _____ Owner's Signature: _____
Month Day Year

Machine Gun Information

Make:_____ Caliber:_____ Type:_____ Finish:_____ Barrel Length:_____

Model:_____ Serial #:_____ Country of Origin:_____

Date Gun Acquired: _____ Purpose Gun Acquired: _____
Month Day Year

Address or Location Where Weapon Is Presently Stored:_____

Previous Owner's Personal Information:

Name Last:_____ First:_____ Middle:_____ Suffix:_____

Street Address:_____

Town/City:_____ County:_____ State:_____ Zip:_____

Driver Id#:_____ DOB: _____ Hispanic/Latino: Circle Yes or No Race:_____ Sex: _____
Month Day Year**Machine Gun Information**

Make:_____ Caliber:_____ Type:_____ Finish:_____ Barrel Length:_____

Model:_____ Serial #:_____ Country of Origin:_____

Date Gun Acquired: _____ Purpose Gun Acquired: _____
Month Day Year

Address or Location Where Weapon Is Presently Stored:_____

Previous Owner's Personal Information:

Name Last:_____ First:_____ Middle:_____ Suffix:_____

Street Address:_____

Town/City:_____ County:_____ State:_____ Zip:_____

Driver Id#:_____ DOB: _____ Hispanic/Latino: Circle Yes or No Race:_____ Sex: _____
Month Day Year**Machine Gun Information**

Make:_____ Caliber:_____ Type:_____ Finish:_____ Barrel Length:_____

Model:_____ Serial #:_____ Country of Origin:_____

Date Gun Acquired: _____ Purpose Gun Acquired: _____
Month Day Year

Address or Location Where Weapon Is Presently Stored:_____

Previous Owner's Personal Information:

Name Last:_____ First:_____ Middle:_____ Suffix:_____

Street Address:_____

Town/City:_____ County:_____ State:_____ Zip:_____

Driver Id#:_____ DOB: _____ Hispanic/Latino: Circle Yes or No Race:_____ Sex: _____
Month Day Year